PF 01/17/01

K90 1/9

POSITION	INITIAL	ID NO.	DATE
FEE DETERMINATION		8	1-5-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MPB	954	01-16-01
RESPONSE FORMALITY REVIEW	MD	SON	06/4/10

INDEX OF CLAIMS

✓	....	Rejected
=	....	Allowed
−	(Through numeral)...	Canceled
÷	....	Restricted

N	....	Non-elected
I	....	Interference
A	....	Appeal
O	....	Objected

Claim Final	Original			Date						
1	✓	✓								
2	✓	✓								
3	✓	✓								
4	✓	✓								
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										

Claim Final	Original	Date
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
67		
68		
69		
70		
71		
72		
73		
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		

Claim Final	Original	Date
101		
102		
103		
104		
105		
106		
107		
108		
109		
110		
111		
112		
113		
114		
115		
116		
117		
118		
119		
120		
121		
122		
123		
124		
125		
126		
127		
128		
129		
130		
131		
132		
133		
134		
135		
136		
137		
138		
139		
140		
141		
142		
143		
144		
145		
146		
147		
148		
149		
150		

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)